PLANNING DEPARTMENT

TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
(508) 839-5335 ext 1120 • FAX (508) 839-4602
planningdept@grafton-ma.gov
www.grafton-ma.gov

MODIFICATION OF A SITE PLAN APPROVAL APPLICATION SUBMISSION REQUIREMENTS

Submission Requirements: Modifications of a previously approved Site Plan Approval Application are based on the requirements of the Grafton Zoning By-Law.

Pre-submission Review – Applicants wishing to discuss or review their application in draft format or prior to formal submission can contact the office to discuss their options.

Submission: All application materials must be presented in a complete packet at the time of submission in order for staff to review and schedule a hearing. All applications must be submitted in person to the Planning Department during regular business hours – Monday through Friday, 8:30 a.m. – 4:30 p.m. No electronic or mail in submissions allowed.

Required Submission Materials:

- 1. Application for Modification of a Site Plan Approval
- 2. Certificate of Good Standing Located on the Town of Grafton website Planning Department / Applications & Submission Information. This must be completed and signed by the Treasurer / Collector's Office. Please allow for three (3) business days to process each request. Applications will not be accepted without this document.
- 3. Project Description / Narrative
- **4. Abutter Notification Materials** follow instructions
- **5. Fee** see fee schedule on the Town of Grafton website: Planning Department / Applications & Submission Information
- 6. Additional Materials as Needed / Required to support the Application.
- 7. Copies Required This can vary significantly depending on the project. Please contact the office in advance of submission and you will be instructed as to how many copies to submit.
- 8. Other Materials required by the Grafton Zoning By-Law.



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APPLICATION FOR MODIFICATION OF A SITE PLAN APPROVAL

	Application No		o	Modification #	
APPLICANT &	PROPERTY OWNER	R INFORMATION	<u></u>		
NAME					
STREET				CITY/TOWN	
STATE	ZIP	TELEPHONE			
NAME OF PROPE	ERTY OWNER (if differ	rent from Applicant)			
Deed recorded in the	ne Worcester District Re	gistry of Deeds	Book	Page	
SITE INFORMA	TION:				
STREET AND NU	MBER				
ZONING DISTRIC	CT	ASSESSOR'S	MAP	LOT #(S)	
LOT SIZE FRONTAGE					
CURRENT USE					
PROJECT/PLAN	INFORMATION:				
PLAN TITLE					
PREPARED BY (n	ame/address of PE/Architect)				
DATES					
Briefly state requ	ested modification:				
Cite all appropri	ate sections of the Zor	ning By-Law which	pertain to th	nis Application, Use and Site:	
TO THE GRAFT	ON PLANNING BOA	RD:			
				or a SPECIAL PERMIT to be granted by the Planning the information contained herein is correct and	
Applicant's Sign	ature			Date:	
Property Owner'	s Signature (if not Appl	icant)		Date	